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COVER LETTER

Division of Corporations
NAME OF CORPORATION: R.F.D. ASSOCIATES, INC.
DOCUMENT NUMBER: 470445
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
AndreasBieri
Name of Contact Person
Firm/ Company
1449 Cousey Court
Sanibal FL 33957 City/ State and Zip Code
Muckyduckcaptiva a comcest net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Hydrees Lieri at (39) 940-5289 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fee &

Mailing Address

TO: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

91.11.41.11.20	10 10 1 Th	()		
(Name of Corporation as curre	ently filed with the Florida	Dept. of State		
(Document Num	<u>ں</u> ber of Corporation (if knov	wn)		
•	• `	,		
Pursuant to the provisions of section 607.1000 amendment(s) to its Articles of Incorporation:	6, Florida Statutes, this Flo	orida Profit Corporation a	dopts the following	
A. If amending name, enter the new name of	f the corporation:			
THE MUCKUT	MCK Jus	<u> </u>	The new	
name must be distinguishable and contain	the word "corporation,"	"company," or "incorport	ated" or the	
abbreviation "Corp.," "Inc.," or Co.," or the	designation "Corp," "Inc,	" or "Co". A professiona	l corporation	
name must contain the word "chartered," "pro	jessionai association, or t	ne appreviation "P.A.		
B. Enter new principal office address, if app				
(Principal office address <u>MUST BE A STREE</u>	<u>T ADDRESS</u>)			•
				,
C. Enter new mailing address, if applicable:				r
(Mailing address <u>MAY BE A POST OFFI</u>	<u></u>			
D. If amending the registered agent and/or r	egistered office address in	Florida, enter the name o	f the	
new registered agent and/or the new regis				
Name of New Registered Agent:				
Thank of the Michigal Configuration.		, <u>, , , , , , , , , , , , , , , , , , </u>		
New Registered Office Address:	(Florida street aa	Idvacel		
New Registered Office Hudress.	į roriau sireei au	ui casy		
	// tal	, Florida		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changin			•	
I hereby accept the appointment as registered a	gent. I am familiar with an	a accept the obligations of i	ine position.	
Si	ignature of New Registered .	Agent, if changing		

The date of each amendment(s) adoption:	Mary 15, 2011
	(date of adoption is required)
Effective date if applicable:	
(no more than S	0 days after amendment file date)
Adoption of Amendment(s) (CH	ECK ONE)
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes cast for the amendment(s) approval.
The amendment(s) was/were approved by the must be separately provided for each voting	e shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes cast for the amen	dment(s) was/were sufficient for approval
by	
(voting group)	
The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder
Dated_ 5/19/11	<u></u>
Signature(By adjrector, presid	ent or other officer – if directors or officers have not been
selected, by an incorpappointed fiduciary b	porator – if in the hands of a receiver, trustee, or other court
And	veas Bievi ped or printed name of person signing)
Res	ides of person signing)
(Title of	person signing)